TO: ISSUE FEE

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUB	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
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☐ "Fee Address" indi	nce address or indication indence address (or Cha /122) attached. cation (or "Fee Address 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered automecy or agent) and the names of up to 2 registered patent alterneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Recorded: 3/8/2004  Ethicon Endo-Surgery, Inc. Cincinnati, OH  Reel/Frame: 015054/0174						
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 Co	rporation or other private gr	roup entity Government
4a. The following fec(s) a  State Fee  Publication Fee (N  Advance Order - #	o small entity discount p		b. Payment of Fcc(s): (Picase first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).			
5. Change in Entity Stat	SMALL ENTITY state	18. See 37 CFR Jp.27.	D b. Applicant is no lot	nger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requestroids of the United Sta	uired) will how oe accept to Paten of Lyademan	ed from anyone other than k Office.	the applicant; a regi	stered attorney or agent; or t	the assignee or other party in
Authorized Signature Typed or printed name	Joseph F. Si		Date 11/08/2007 Adjustment date: 11/09/2007 RGEBREN2 Registration 17/03/20031[8638AH2 00000076 100750 10687503			
This collection of informs an application. Confident submitting the complete this form and/or suggests Box 1450, Alexandria, Virginia 223	ation is required by 37 ( itality is governed by 35 ( 1 application form to the one for reducing this bu  irginin 22313-1450. Do  13-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFE USPTO. Time will var rden, should be sent to to NOT SEND FEES OR	ion is required to obtain or 1,14. This collection is y depending upon the indine Chief Information Offic COMPLETED FORMS T	retain a benefit by the state of the take 12 revidual esse. Any color, U.S. Patent and O THIS ADDRESS	he public which is to file (ar ninutes to complete, includi mments on the amount of t Trademark Office, U.S. Dep E. SEND TO: Commissioner displays a valid OMB contro	nd by the USPTO to process) ing gathering, preparing, and ing synthesing preparing, and partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number.
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